

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010244

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 28

FILED MAR 26 1963

VS 300 Rev. 4/59

DATE AMENDED

0030

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
 a. COUNTY: **Atchison**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: **Fairfax** Length of stay in 1b: **52 Mos.**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: **Community Hospital** Inside Limits: Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE: **Missouri** b. COUNTY: **Atchison**
 c. CITY OR TOWN: **Fairfax** Inside Limits: Yes No
 d. STREET ADDRESS: (If outside, give location) Reside on Farm: Yes No

3. NAME OF DECEASED First Middle Last: **JOHN EDGAR BECK** 4. DATE OF DEATH Month Day Year: **March 15 1963**

5. SEX: **Male** 6. COLOR OR RACE: **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH: **8/1/1877** 9. AGE (last birthday): **85** IF UNDER 1 YEAR: Months: Days: Hours: Min. IF UNDER 24 HR: Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): **Retired farmer** 10b. KIND OF BUSINESS OR INDUSTRY: **Own farm** 11. BIRTHPLACE (City and state or country): **Atchison County, Mo.** 12. CITIZEN OF WHAT COUNTRY: **U.S.A.**

13a. FATHER'S NAME: **L. Jerome Beck** 13b. MOTHER'S MAIDEN NAME: **Margaret A. Christian** 14. NAME OF HUSBAND OR WIFE: **Never married**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): **No** 16. SOCIAL SECURITY NO.: [] 17. INFORMANT: **Owen Beck** Address: **Fairfax Missouri**

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **Uremia** INTERVAL BETWEEN ONSET AND DEATH: **5 days**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Pneumonia** **12 days**
 DUE TO (c) []

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): **Cystostomy & Pyelonephritis** PART III. If deceased was female was there a pregnancy in last 90 days: Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from: **1958** to **March 15, 1963** and last saw him alive on **March 14, 1963**
 Death occurred at **1:30 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): **Edward S. Bauer MD** 22b. ADDRESS: **Tarkio, Mo** 22c. DATE SIGNED: **3/16/63**

23a. BURIAL, CREMATION, REMOVAL (Specify): **Burial** 23b. DATE: **3/17/1963** 23c. NAME OF CEMETERY: **Pleasant Ridge** 23d. LOCATION (City, town, or county) (State): **Fairfax Missouri**

24. FUNERAL DIRECTOR ADDRESS: **Schooler Funeral Home Fairfax, Mo.** 25. DATE RECD. BY LOCAL REG.: **Mar 19, 1963** 26. REGISTRAR'S SIGNATURE: **Thermon N. Schaefer**

USE BLACK INK OR TYPEWRITER RIBBON

MAR 27 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Therwin N. Schaefer

Licensed Embalmer No. 4162

P. O. Address Fairfax, Va.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.